





Please address all communications, and direct all telephone calls, regarding this application to:

John P. White

Reg. No. 28,678

Cooper & Dunham LLP  
1185 Avenue of the Americas  
New York, New York 10036  
Tel. (212) 278-0400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor: Daniella Licht

Inventor's signature

Citizenship Israel

Date of signature

Residence Keren Ha Yesod 1, Ramat Ilan Givat Shmuel 54051, Israel

Post Office Address same as above

Full name of joint inventor (if any): Suher Abd-Elhai

Inventor's signature

Citizenship Israel

Date of signature

Residence Tira 44915, Israel

Post Office Address same as above

Full name of joint inventor (if any): Rachel Cohen

Inventor's signature

Citizenship Israel

Date of signature

Residence 39/7 Itzhak Rabin, Hadera, Israel

Post Office Address

*Declaration and Power of Attorney*

*Page 4*

*Full name of joint inventor (if any)* Mazzi Dagan-Lion

*Inventor's signature* \_\_\_\_\_

*Citizenship* Israel

*Date of signature* \_\_\_\_\_

*Residence* Nahal Netafim 22, Modiin 71700, Israel

*Post Office Address* same as above

*Full name of joint inventor (if any)* Adrian Gilbert

*Inventor's signature* \_\_\_\_\_

*Citizenship* Israel

*Date of signature* \_\_\_\_\_

*Residence* 60B Apt. 5, Hankin St., Rananna 43465, Israel

*Post Office Address* same as above

*Full name of joint inventor (if any)* Noa Leibovitch

*Inventor's signature* \_\_\_\_\_

*Citizenship* Israel

*Date of signature* \_\_\_\_\_

*Residence* 49 Nachshon St., Ramat-Ha Sharon, 47301, Israel

*Post Office Address* same as above

*Full name of joint inventor (if any)* Sasson Cohen

*Inventor's signature* \_\_\_\_\_

*Citizenship* Israel

*Date of signature* \_\_\_\_\_

*Residence* 10 Meyzan Street, Tel Aviv, 69018, Israel

*Post Office Address* same as above

Full name of joint inventor (if any) Ruth Levy

Inventor's signature \_\_\_\_\_

Citizenship Israel Date of signature \_\_\_\_\_

Residence 25 Sasha Argov St., Apt. #2, Tel Aviv 69620, Israel

Post Office Address same as above

Full name of joint inventor (if any) \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Citizenship \_\_\_\_\_ Date of signature \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of joint inventor (if any) \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Citizenship \_\_\_\_\_ Date of signature \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_